

ashington State Accunt Application CSR ID: Directions: Please complete and sign this application or go to www.wsdot.gov/goodtogo for an online application.

Acct #:	
Promo ID: _	
CSR ID:	

1. *Personal Info	rmation						*Indica	ates require	d fields	
*Last Name:	*Fi			*First Name:	Middle Initial:			al:		
Company/Agency Nar	ne:		State Agency	y Code: (4 digits)	Job Title:		,			
*Mailing Address:					*City:		*State: *Zip		ode:	
Shipping Address (If different than Mailing A			Address):		*City:		*State: *Zip 0		ode:	
*Daytime Phone:			Evening Ph	none:	*Email Address:					
Alternate Contact:	Iternate Contact:			Daytime Phone:			Email Address:			
2. *Account Sele	ction					-				
Registered Pass A	ccount			☐ Pay By Plate						
Commercial Accou	nt					t do not have Pa valid for use in				
☐ Government/Transi	t Pass Acc	ount				fee for each tra		or mor Lun	<u>00, unu</u>	
*Account Statem	ent Deliv	very Me	thod: 🗆 E	E-Mail □ USPS	☐ No Delive	ry Freque i	ncy: 🗆 i	Monthly \square	Quarterly	
There is no charge for Account statements received via E-mailed or viewed online at www.wsdot.gov/goodtogo. Fees apply for statements mailed via U.S. Postal Service (See Terms and Conditions).										
3. Good To Go! F	Pass Info	rmation								
The cost of the Pass i sales tax) and descrip					rged when the	e account is esta	ablished. T	he cost (exc	cluding	
\$5 <u>Sticker Pass</u> (permanent internal mount)		(interna	\$8 <u>Moveable Pas</u> I mount adheres wi	\$8 <u>Motorcycle Pass</u> (permanent external headlamp mount)						
\$12 <u>License Plate Pass</u> (screw mount-not valid on SR 167 HOT Lanes)			\$12 <u>Switchable Pass</u> (HOV/carpool internal mount adheres with Velcro)			The cost of the <i>Good To Go!</i> Passes are subject to change. Please refer to the Terms and Conditions for details.				
4. *Vehicle Inform				Will Volotoy		1011110	and cond	10110 101 00	idiio.	
Please list all of the vehicles that will be associated with this account. Please indicate the type of Pass needed for the vehicle, if necessary. Please attach a separate sheet listing additional vehicles if necessary. Note: For specialized license plates, be sure to record all letters and numbers on the plate. (Ex. University of Washington plate is entered as "W12345"; the Gonzaga plate is entered as "GU12345"; and the Square Dancing is entered as "12345SD".)										
License Plate	State	Vehicle	e Make	Vehicle Model	Year	To Order a Fill in the		•	Qty	
			Please cor	mplete application	n on reverse	side				

5. *Account Opening Pre-Paid Balance, Replenishment Informati	on and Amounts						
Please select your Opening Pre-paid balance and Replenishment Level. A minimum of \$30 is required. The cost of Passes, Retail items and sales tax are in addition to the pre-paid balance. Please ensure that your payment is sufficient to cover the cost of your Passes plus applicable sales tax. The cost of your Passes and the applicable sales tax will be deducted from your <i>Good To Go!</i> account at the time							
your order is fulfilled. ☐ \$30 ☐ Other (Please specify an amount over \$30)							
6. *Replenishment Method							
□ Option 1 Automatic Replenishment by Credit Card or Electronic Check (ACH) given credit or bank account when your prepaid balance falls below the mif more toll usage is anticipated. If this is selected, you must supply credicustomers must also complete the supplemental Electronic Check (ACH) your Good To Go! Pass package, and can also be obtained online or from Note: Good To Go! may increase your replenishment amount based.	inimum balance. You may increase the amount it or bank information; Electronic Check (ACH) Authorization Form, which will be provided with the Customer Service Center. on your average monthly usage. You will						
receive advance notification if your replenishment amount is schedule this service when offered.	ed for adjustment, however, you may decline						
☐ Auto Draft: Please complete the Electronic Check (ACH) supplemental Authorization form. This form is available in your <i>Good To Go!</i> Pass package, online, or from the Customer Service Center.							
☐ Credit/Branded Debit Card (with logo): (Select one) ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express							
Expiration Date (mm/yy):							
Name as it appears on your card:	_						
Option 2 Manual Replenishment requires you to monitor your account and make below the minimum balance.	payment when your pre-paid balance falls						
7. *Payment Method							
To purchase selected Pass(es), Retail Item(s) and the Account Opening Pre To use the selected Credit/Branded Debit Card (with logo) payment method liste To use a different Credit/Branded Debit Card (with logo) payment: (Select one) Visa MasterCard Discover American Express							
Expiration Date (mm/yy):							
Name as it appears on your card:							
☐ Cash (Do Not Mail) ☐ Check (sign and date) ☐ Money Order (Make Check or Money Order payable to: Good To Go!) 8. *Authorization							
With this signature I agree to the following: (1) I authorize <i>Good To Go!</i> to charge to for Passes and additional products, the specified Opening Account Balance, and/of the Terms and Conditions of this Agreement that I will receive with my <i>Good To G</i> available online at www.wsdot.gov/goodtogo; (3) By using the <i>Good To Go!</i> Pass, and (4) I certify that all information contained in this application is true and accurate	or Automatic Replenishments; (2) I agree to read o! Pass package. Terms and Conditions are also I will be agreeing to the Terms and Conditions;						
*Signature:	*Date:						
Customer Service Centers Seattle: University Center, 4554 9th Avenue NE Suite 100, Seattle, WA 98105 Bellevue: 13107 NE 20th St., Suites 3 & 4, Bellevue, WA 98005 Gig Harbor: 3212 50th St. Court NW, Suite 200, Gig Harbor, WA 98335	Online: www.wsdot.gov/goodtogo Call Fax 1-866-936-8246 206-547-0496 Mail To: Good To Go! P.O. Box 300321 Seattle, WA 98103						

DO NOT SEND CASH